									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999													
	.		Filective		09/53504/									
CLAIMS AS FILED - PART I									SMALL ENTITY OTHER THA					
				olumn 1)		(Column 2) NUMBER EXTRA			TYPE		OR	SMALL	ENTITY	
FC	<u></u>		NUMBER FILED						RATE	FEE		RATE	FEE	
BASIC FEE				13 /Z					. · ·	345.00	OR		690.00	
TOTAL CLAIMS			20	minus :	20= '	•			X\$ 9=		OR	X\$18=	_	
INDEPENDENT CLAIMS			<u> </u>) minus	3 = .	• •			X39=		OR	X78=	_	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	148-	
CLAIMS AS AMENDED - PART II										L	J • · ·	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL			
AMENDMENT A			LAIMS MAINING	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		IIGHEST IUMBER	PRESENT			ADDI-	1		ADDI-	
			FTER NDMENT			EVIOUSLY AID FOR	EXTRA	ı	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	-11	4	Minus		30	=94		X\$ 9=		OR	X\$18=	1692	
AME	Independent	•	0	Minus	***	3	= 7	ı	X39=		OR	X78=	588	
_	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DE	PEND	ENT CLAIM		ı	. 400		1	+260=		
								Į	+130=		OR			
·									ADDIT. FEE OR ADDIT. FEE					
_	Description of the second		lumn 1) LAIMS	is and company		olumn 2) IIGHEST	(Column 3)	_						
AMENDMENT B		REN	MAINING AFTER		N	IUMBER	PRESENT	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AME				EVIOUSLY AID FOR	EXTRA	L	TANE.	FEE		HAIE	FEE	
	Total	•		Minus		114	=	ı	X\$ 9=		OR	X\$18=		
	Independent	•		Minus	***	10_	=	Ī	X39=		OR	X78=		
<i>'</i>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									_		222		
*									+130=		OR	+260=		
· .									TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	417/04 RE		AIMS MAINING	00 1	N	IGHEST IUMBER	PRESENT	Γ	5.75	ADDI-			ADDI-	
			FTER NDMENT	NT		EVIOUSLY AID FOR	EXTRA	ı	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total		50	Minus	**		=	ſ	X\$ 9=		OR	X\$18=		
	Independent	*	8	Minus			<u>-</u>	T	X39=		0.0	X78=	0	
٢.	FIRST PRESENTATION OF MULTIPLE DEPEN					ENT CLAIM		F	7.00-		OR			
											OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE														
••••	f the "Highest Num The "Highest Num	mber Pre	reviously Pai viously Pai	uid For" IN THI d For" (Total o	S SPA	CE is less tha endent) is the	n 3, enter "3." highest number			propriate box				